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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS** 

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Application Number	09/899,647	
Filing Date	7/6/01	
First Named Inventor	Browning	
Art Unit	2831	
Examiner Name	Oliva	
Attorney Docket Number	L3−0 <b>0</b> ¶	

To: Commissioner for P.O. Box 1450 Alexandria, VA 22		·		
Please withdraw me as attorney or agent for the above identified patent applicatioXXXXX				
all the attorneys/agents of record.				
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.				
The reasons for this request are: Taking time off from practice.				
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1. The correspondence address is NOT affected by this withdrawal.				
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Firm or Individual Name	Mr. Frank Doran			
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Signature	1/1 ///	Registration No.	27,995	
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